## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000067369

City-St-Zip: PALM BAY, FL 32907

Entity Name: ATLAS FINANCIAL MORTGAGE, INC

FILED Apr 30, 2008 Secretary of State

| Entity Nar                                  | me: AILASFI                                           | INANCIAL MORTGAC         | JE, INC.          |                                              |                             |                                                  |      |
|---------------------------------------------|-------------------------------------------------------|--------------------------|-------------------|----------------------------------------------|-----------------------------|--------------------------------------------------|------|
| Current Principal Place of Business:        |                                                       |                          |                   | New Principal Place of Business:             |                             |                                                  |      |
| 3290 DAIR<br>MELBOUR                        | RY ROAD<br>RNE, FL 32904                              | 1                        |                   |                                              |                             |                                                  |      |
| Current Mailing Address:                    |                                                       |                          |                   | New Maili                                    | ng Addres                   | s:                                               |      |
| 3290 DAIR<br>MELBOUR                        | RY ROAD<br>RNE, FL 32904                              | 1                        |                   |                                              |                             |                                                  |      |
| FEI Number:                                 | 20-1040651                                            | FEI Number Applied F     | or() FEIN         | umber Not App                                | licable ( )                 | Certificate of Status Desired ( )                |      |
| Name and                                    | Address of C                                          | Current Registered A     | gent:             | Name and                                     | Address o                   | of New Registered Agent:                         |      |
|                                             | EITH<br>RNIER CIRCLI<br>/, FL 32905                   | E<br>US                  |                   |                                              |                             |                                                  |      |
|                                             | named entity s<br>e of Florida.                       | submits this statemen    | t for the purpose | of changing i                                | ts registere                | ed office or registered agent, or bo             | oth, |
| SIGNATUR                                    | RE:                                                   |                          |                   |                                              |                             |                                                  |      |
|                                             | Electror                                              | nic Signature of Regist  | tered Agent       |                                              |                             | Date                                             | _    |
| Election Car                                | npaign Financin                                       | g Trust Fund Contributio | n ( ).            |                                              |                             |                                                  |      |
| OFFICERS AND DIRECTORS:                     |                                                       |                          |                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                             |                                                  |      |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( )<br>BORDE, KEITH<br>901 TAVERNIE<br>PALM BAY, FL | R CIRCLE                 |                   | Title:<br>Name:<br>Address:<br>City-St-Zip:  |                             | ( ) Change ( ) Addition                          |      |
| Title:<br>Name:<br>Address:                 | D ( )<br>BORDE, CORR<br>143 AMERICAN                  |                          |                   | Title:<br>Name:<br>Address:                  | D<br>BORDE, CO<br>2174 MADD | (X) Change()Addition<br>DRRIE K<br>DEN AVENUE SW |      |

City-St-Zip: PALM BAY, FL 32908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORRIE K. BORDE D 04/30/2008